

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90044 036 \*\*\*\*70.00

DOCUMENT # 858299

1. Corporation Name

HIS MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

HIS MINISTRIES INTERNATIONAL  
1616 ALISON AVE.  
PANAMA CITY FL 32407

Mailing Address

HIS MINISTRIES INTERNATIONAL  
1616 ALISON AVE.  
PANAMA CITY FL 32407



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/01/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7394628

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOWLER, CHARLES A  
8753 N. LAGOON DR.  
PANAMA CITY FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Charles A. Fowler*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME FOWLER, CHARLES A.L. JR.  
STREET ADDRESS 8753 N. LAGOON DR.  
CITY-ST-ZIP PANAMA CITY BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VP Charm S. Miller  
9106 Abba Lane  
P.O. Box 32407

☐ Change

☒ Addition

TITLE V ☐ DELETE

NAME FOWLER, FAITH SUZANNE  
STREET ADDRESS 8753 N. LAGOON DR.  
CITY-ST-ZIP PANAMA CITY BEACH FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Vice President & Director

☐ Change

☐ Addition

TITLE VD ☒ DELETE

NAME FOWLER, CHARLES A.L. III  
STREET ADDRESS 8753 N. LAGOON DR.  
CITY-ST-ZIP PANAMA CITY BEACH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S ☐ DELETE

NAME WATKINS, JAMES U  
STREET ADDRESS 1827 FLAGG AVENUE  
CITY-ST-ZIP PANAMA CITY FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Secretary & Director

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME MILLER, BRIAN D.  
STREET ADDRESS 9106 ABBA LANE  
CITY-ST-ZIP PANAMA CITY BEACH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE T ☐ DELETE

NAME MILLER, C S  
STREET ADDRESS 9106 ABBA LN  
CITY-ST-ZIP PANAMA CITY BCH FL 32407

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Charm S. Miller

☒ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles A. Fowler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99

850-234-1731

CR2E037 (1/198)